



Student Resource Guide

7. Dental and Oral Health



Student Resource Guide: SESSION 7

Dental and Oral Health

OUTCOMES

When you finish this session, you will be able to:

- ▶ Describe major types of obstacles that keep individuals from having good oral health.
- ▶ Identify ways to help individuals who need assistance have healthier teeth and gums.
- ▶ Identify aids to help overcome physical obstacles to good oral health.
- ▶ Describe positive behavior supports that help reduce resistance to oral hygiene procedures.
- ▶ Keep simple records that help the individual make progress with dental hygiene procedures.

KEY WORDS

Bacteria: Germs or microorganisms which are always present in the plaque and saliva.

Decay: Cavities (holes in the teeth) caused by acid from bacteria. The acid dissolves the tooth enamel and roots of teeth.

Desensitization: A treatment technique where the individual is exposed to gradually increasing anxiety-provoking stimuli while relaxing, with the goal of eventually confronting the fear without the previously associated anxiety.

Generalization: Using a newly learned skill in whatever situation the individual needs or wants to use the skill.

Gum Disease: Red, swollen, and bleeding gums (inside skin of the mouth) are signs of infections. Pain is a late sign of mouth infection.

Mouth Care: Daily activities that create a clean environment in your mouth in order to reduce or eliminate infections of the gums and bone, and decay of teeth.

Mouth Prop: An object used to keep the mouth open while oral hygiene is performed.

Oral Health Care Plan: A guide the planning team can use to write down the disease prevention activities for the individual. The activities in this plan include not only brushing and flossing, but also the use of fluoride and other products to make teeth stronger and to fight gum infections.

Oral Hygiene: Mouth care.

Oral Hygiene Session: The time in an individual's daily routine when they attend to mouth care.

Oral Hygiene Skill Survey: A document the DSP can use to determine the oral hygiene skill level of the individual he or she is assisting and to keep track of improvements in the level of skill.

Plaque: A sticky, tooth-colored, and sometimes invisible layer of bacteria (germs) that grows on the sides of the teeth and below the gums.

Reinforcers: Rewards given after the successful performance of a desired behavior.

Shaping: Teaching a skill by reinforcing behaviors that appear closer and closer to the desired skill.

Overcoming Obstacles to Dental Health

As a DSP you may oversee or provide the mouth care (**oral hygiene**) for individuals who have different kinds of special needs. You may also be caring for others who need assistance, such as children or elderly parents. The information in this session can be used to help them all. It will give you the knowledge, confidence, and ability to help individuals you are assisting develop good dental health and enhance their independence. When they have good oral health, it will improve the quality of both of your lives.

Individuals with disabilities are at risk for dental disease. They often do not know how, or are unable, to care for their teeth

and gums. Obtaining the services of a dentist, getting to the dentist's office, and paying for care are often very difficult for the individual and the DSP.

Prevention of dental diseases is the best answer to these problems. *Prevention is best for the individual and for the DSP.* Prevention is the #1 priority! Maintaining dental health means the person can:

- ▶ Avoid cavities, gum infections, pain, or tooth loss.
- ▶ Chew and enjoy a wide variety of foods.
- ▶ Feel good about the way he or she looks.

Planning for Success

Identifying the Three Major Obstacles

When individuals have problems taking care of their teeth, it is necessary to identify factors that block good oral hygiene. Once the blocks or obstacles are known, plans can be made to remove them. Removing the blocks helps the individual to have a healthy mouth and to become as healthy and independent as possible in self-care. Here are three kinds of obstacles you may see.

1. Informational Obstacles

Some individuals do not know what causes gum disease or tooth decay. They do not know what products are needed or the best way to brush their teeth or how long to brush. Others may have no idea how to floss their teeth. They need careful teaching or demonstrations in order to learn good methods. This session will provide information on disease and actions to prevent disease.

2. Physical Obstacles

Some individuals understand what needs to be done and are willing to do it, but are not physically able. They may have cerebral palsy or other physical disabilities. They may use crutches or a wheelchair or be unable to leave their bed. Some may be able to participate partially in their own care, and the DSP must do the part that they cannot do. Sometimes a change in the dental hygiene aids, such as modifying the handle of a toothbrush or floss holder, can improve the individual's ability to use these aids independently. This session will describe methods and equipment you may use to help individuals participate in their care as much as possible. Also shown are ways to help them complete the steps they cannot complete independently.

3. Behavioral Obstacles

Some individuals are able to do most or all of their own dental care, but resist doing it. Their resistive behavior is a serious obstacle to care. Resistance may be a habit. Sometimes resistance is due to

fear, or it can be a learned behavior. This session describes positive ways to help people change behavior and replace resistance with cooperation or independence in daily oral hygiene.



Every Person Needs an Oral Health Plan

This session describes how to use an **Oral Hygiene Skill Survey** and an **Oral Health Care Plan** to record progress, decide what to do next, and communicate the oral health plans to others involved in the individual's care. These worksheets,

Appendices 7C and 7B respectively, are useful to plan and record progress toward oral health. These forms show what the individual can do. Once you know someone's skills and problems, the planning team can make a plan for teaching him or her new skills.



ACTIVITY

Identifying Obstacles to Good Oral Hygiene

Directions: Pair up with another DSP in the class. Discuss one of the individuals that you support who needs assistance with oral hygiene procedures. For each problem, decide together whether it is an informational, behavioral, or physical obstacle to good oral health.

Obstacles to Good Oral Hygiene

Obstacles	: Informational?	: Behavioral?	: Physical?
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A Healthy Mouth

With proper cleaning, care, and visits to the dentist, your teeth can last a lifetime. If you follow a daily routine of proper oral hygiene, you can chew your food better, avoid pain, and enjoy a clean feeling in your mouth. When you look in your mouth or someone else's, there are signs that indicate a healthy mouth.

A healthy mouth should have:

- ▶ Pink gums.
- ▶ Gums that fit tightly around all teeth.
- ▶ Teeth that are white, without any dark or broken areas.
- ▶ Teeth that are shiny and reflect light easily.
- ▶ Teeth that sit firmly in the mouth and do not wiggle.



An Unhealthy Mouth

In an unhealthy mouth, you see signs that indicate the gums have infections or teeth have become decayed.

Some of the signs are:

- ▶ The gums are red and swollen and tend to bleed easily.
- ▶ The gum has become loose and pulled away from the tooth instead of being tight against the tooth.
- ▶ Darkened areas are seen at the gum line where the tooth and gum come together.
- ▶ A tooth or teeth may be loose.

- ▶ Dark and soft areas are present on the teeth.
- ▶ Teeth may be broken or have holes in them.

It is **not** normal to have any of the signs listed.

Plaque is the major cause of tooth decay and gum disease. Plaque is a sticky, tooth-colored, and sometimes invisible layer of **bacteria** (germs) that grows on the sides of the teeth. Although they live in the mouth, these bacteria are harmful.

Diet And Dental Diseases

Bacteria in the plaque use sugar to make acid. It happens like this:

- ▶ When you eat sugar, the bacteria in your mouth eat sugar too.
- ▶ The bacteria change the sugar to acid.
- ▶ The acid stays in the sticky plaque next to the tooth and gums.
- ▶ In time the acid eats into the tooth and makes cavities.
- ▶ In time the acid irritates the gums and starts gum disease.

You can reduce the damage done by plaque by reducing the frequency of having sugar in your mouth and minimizing the use of foods that contain acids.

- ▶ The frequency of eating sugar should be reduced as much as possible. Using sugar-containing mints, gum, or life-savers keeps sugar in your mouth a long time and allows the bacteria in the plaque to produce more acid over a longer period of time.

- ▶ Sugar eaten between meals is worse than sugar eaten with meals. Eat non-sugar snacks such as carrots or popcorn between meals.
- ▶ Sugar is contained in more foods than you realize. Read food labels and look for the sugar content. Some cereals and bread have high amounts of sugar. Many liquid medicines contain lots of sugar. Fruits contain sugar and citric acid which can also damage the teeth. Soft drinks and fruit drinks contain sugar.
- ▶ So-called “sugarless” drinks still contain acid. The acid can also dissolve the teeth.
- ▶ Foods that have sugar and stick to the teeth, such as honey or taffy, are worse than foods with sugar that don’t stick to the teeth, such as drinks or jelly. The longer the food sticks to the teeth, the longer the bacteria have time to produce acid.
- ▶ Sweets must not be used as a reinforcer. If rewards are going to be needed regularly, then use a non-sugar food. Other reinforcers could be flavored mouthwash, a new flavor of toothpaste, or social rewards. You can consult an individual’s planning team for ideas about other rewards to use.

Plaque and Dental Disease

When the bacteria in plaque are fed sugar, they produce sticky material and acids. The sticky plaque material holds the acids against the surface of the teeth. If there is enough plaque, it can feel fuzzy on your teeth. Rinsing with water or mouthwash does *not* remove the sticky plaque with the bacteria in it. For about twenty minutes after sugar is eaten, the acids that are produced by the bacteria can dissolve the teeth.

After acid attacks, the tooth enamel breaks down, forming a cavity. Also, the gum fibers which hold the gum tightly to the teeth are also destroyed, forming “pockets” around the tooth. The pockets collect more bacteria.

Bacteria + Sugar = Acid

Acid + Gums = Gum Inflammation and Disease

Acid + Tooth = Tooth Decay (Cavities)

Figure 7-1 summarizes the process of gum disease and dental decay.

Where You Are Most Likely to Find Bacterial Plaque

You may have noticed that if you don't brush your teeth, the teeth feel fuzzy. What you are feeling are the bacterial colonies in the plaque as they grow on your teeth. Remember, plaque is tooth-colored or invisible. The first place that bacteria form is *along the gum line* and *in between the teeth* (Figure 7-2).

Most of the bacterial plaque we are trying to remove is found along the gum line where the tooth and gum meet; in between the teeth; on the inside or tongue side of the teeth; and especially, on the lower jaw.

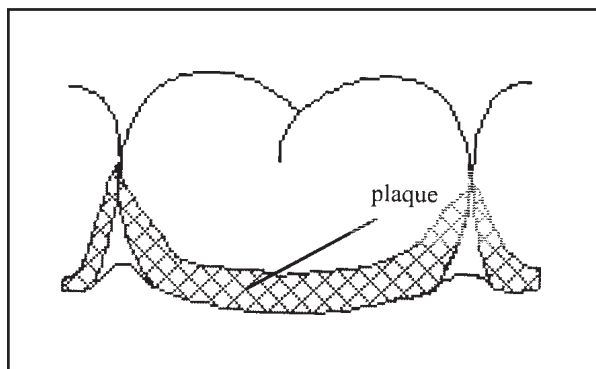


Figure 7-2 The most common place for plaque to collect is along the gum line.



ACTIVITY

Reducing Sugar in Individuals' Diets

Directions: Pair up with the person sitting next to you. Think about an individual you are assisting. Discuss his or her preferences for sweet foods, candy, and soft drinks throughout the day. List two changes that could be made at the grocery store or at the day or work program to reduce the time refined sugars are in the mouth. Write those changes down in the space provided below.

Changes

1.
2.

Overcoming Informational Obstacles

Plaque Removal

Good oral hygiene includes the removal of plaque. This means that the bacteria and the acids the bacteria produce are greatly reduced. The plaque bacteria must be broken up at least once every 24 hours by brushing and flossing the teeth. Even better, brush twice a day with a toothpaste containing fluoride.

Remember:

- ▶ Plaque sticks to teeth and usually is tooth-colored and hard to see.
- ▶ The plaque bacteria use sugars in food to live, multiply, and make acids.
- ▶ The acids and other irritating products inflame the gums and decay the teeth.

Toothbrush Selection

A good toothbrush has flexible bristles. These toothbrushes are called soft bristle brushes. They should have rounded, polished ends. Toothbrushes should be replaced when the bristles become bent or frayed. Most toothbrushes reach this state in three or four months. An electric toothbrush may help some people be more independent. Some individuals will be more willing to brush with a powered toothbrush.

The Oral Hygiene Session

The **oral hygiene session** is the time in an individual's daily routine when they attend to mouth care. These are major goals of the oral hygiene session:

- ▶ To prevent diseases of the gums and teeth.
- ▶ To help the individual you are assisting to become as independent as possible in self-care.
- ▶ To make oral hygiene part of daily grooming.
- ▶ To disturb the bacteria and remove plaque from the teeth by brushing and possibly flossing.
- ▶ To make each hygiene session positive and successful, thereby increasing positive behavior.



Each Individual's Program Will Be Different

For one individual you may need to modify a toothbrush or find the best position for brushing. For another, you may need to provide information about

dental health or use behavioral methods to overcome resistive behaviors. It is important to know the individual and his/her oral health PPP goals and oral health care plans.

What to Brush

Think of the teeth as several small blocks sitting in a row. Each block, or tooth, has five sides to be cleaned: the cheek or lip side; the tongue side; the top or chewing surface; and the two ends.

The ends are where one tooth sits next to another tooth. It is important to remove the plaque by cleaning all five sides each day.

How to Brush Teeth

Step 1: Wet the toothbrush in water. Toothpaste is not necessary for plaque removal but can strengthen the teeth if it contains fluoride. Not using toothpaste reduces the need to spit and rinse.

Step 2: Place the bristles of the toothbrush half on the tooth and half on the gum. Turn the bristles to a 45-degree angle to the teeth (Figure 7-3).

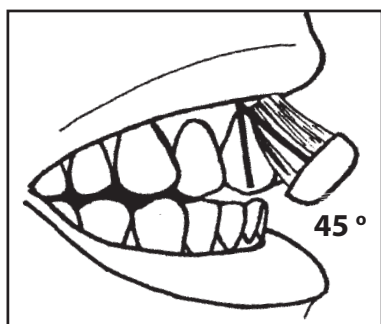


Figure 7-3 The proper angle for brushing.

Step 3: With a small circular motion brush both tooth and gum. Start by brushing the outside (cheek side) and inside (tongue side) of all teeth. Also brush the chewing surfaces. The individual should work up to at least 20 seconds in each of these areas for a total brushing time of at least two minutes.

Remember: It is the brush that removes plaque. Toothpaste is not necessary to remove plaque. However, toothpaste can strengthen the tooth enamel if it contains fluoride.

How to Find Plaque

Plaque is tooth-colored and very hard to see. You must color it, to make it visible to yourself or to the individual you are helping. Coloring tablets and liquids (disclosing solution) are available at drugstores.

How to Color Plaque on the Teeth

- Inform the individual you are assisting about the purpose of coloring the plaque on the teeth. Read the directions on the packet.
- Have the individual chew the tablet or paint the coloring liquid on their teeth as directed.
- Rinse with water, spit out, and wipe the lips.
- Look at the teeth in a bright light. Colored areas on the teeth show where the plaque is located.
- Usually, plaque is found along the gum line, on tooth surfaces next to the tongue, and on the chewing surfaces. It is easy to miss these places when brushing.
- Have the individual brush off the color with a toothbrush or help them to do so.

Color the plaque on teeth every other day until you know the places missed when brushing. Then once a month color the plaque on the teeth to check on brushing.

What to Brush



Remember: When you or the individual you are assisting needs help seeing where plaque is located, start slowly. Some people may be frightened by the red color. Color only three or four teeth at a time. Show them how the color can be brushed off. Explain why you are using the color

Removing Plaque Between Teeth

Brushing does not remove plaque bacteria on the two ends of the tooth. Remember, the ends are where one tooth sits next to another tooth. Flossing is needed to rub off the plaque at the ends of the teeth. Flossing takes practice for most people. Practice on yourself before flossing someone else's teeth.

Step-by-Step Flossing

Step 1: Take 18 inches of floss and wrap it around the third finger of each hand. Wrap the floss until there is about one inch between the two index fingers.

Step 2: Hold the inch section taut for more control. Slide the floss in a see-saw motion, gently between the teeth until it reaches the gum line.

Step 3: In order to rub the bacteria off the end of the tooth, wrap the floss around the end of the tooth, then rub the floss up and down. You may hear a squeaky sound when the end is clean. Then lift the floss over the gum so you can clean the end of the other tooth.

Flossing aids can be of help to people who do not have good finger or hand control. Clean floss is moved into place by pulling it along the floss aid. Check at your drug store to see what special flosses or floss holders might make the job easier.

Wear protective glasses when flossing someone else's teeth. The bacteria in the plaque can become airborne.

Helpful hint: Introduce flossing very gradually to people you are helping. Floss only one or two teeth at first. The front teeth are easier to do.

Stop the session at the first sign of tiring or resistance. End on a positive note.

Cleaning Dentures or Removable Teeth

Wearing dentures or artificial teeth is not a signal to ignore brushing or cleaning. Bacteria and food build up on them, too. Soaking them overnight is not enough to clean them. Dentures, partial dentures, and artificial teeth must be brushed daily to clean off plaque bacteria. Evening is usually the best time to clean them. Remove dentures at night to let the tissue rest.

Dentures can break or warp. Leaving the denture out to dry all day or all night warps it. To prevent warping, always keep the dentures in a container covered with water or denture-cleaning liquid.

To clean partials and/or the dentures and prevent breakage:

Step 1: Put a washcloth in the bottom of the sink and fill the washbowl half full of warm water.

Step 2: With a soft toothbrush and baking soda, or denture powder, brush the inside and outside denture surfaces. Rinse the dentures in cool running water.

Step 3: For removable teeth or partials, brush the partials, especially the clasps, at least once a day.

Step 4: Have the individual you are assisting brush his or her teeth and gums. Pay attention to the teeth where the metal parts of the denture rest on the natural teeth. Brush that area carefully.



Very important: Before putting the dentures in the mouth, inspect the mouth for red or irritated places on the gums. Some individuals may not be able to tell you if dentures are ill-fitting or uncomfortable.

Do not use abrasive household cleaners on dentures. Do not use chlorine solutions on dentures or partial dentures.



ACTIVITY

Brushing Teeth Correctly

Directions: Turn to the person sitting next to you. Think about an individual you are assisting. Discuss how that individual brushes his or her teeth. What does he or she do independently or need to learn in order to brush correctly? Correct the angle of the toothbrush on tooth and gum? Brush more areas in the mouth? Brush longer? Cooperate with flossing? Something else?

Preventing the Spread of Germs

Saliva and blood in the mouth (from bleeding gums) commonly have germs in them. To prevent spread of germs from individual to individual or to the DSP, use standard precautions, including hand washing and the use of disposable gloves when handling dental supplies and helping with oral hygiene.

Proper storage of dental supplies prevents the spread of germs. Each individual should have a container with a lid

or zipper to hold his or her toothbrush, floss, toothpaste, floss holder, mouth prop, and the like. The container should have small air holes to help dry the toothbrush between uses.

The individual's name should be on the container. Each individual's container should be stored separately. Do not store different individual's toothbrushes in the same container.

Steps to Prevent Infection During Oral Hygiene

Consider taping the "Steps to Prevent Infection During Oral Hygiene Procedures" sheet, which can be found in Appendix 7-D, to the bathroom wall where you can see it as you work with those individuals you are assisting with oral hygiene procedures. The steps include:

Step 1: Put out supplies needed before starting.

- ▶ Toothbrush.
- ▶ Paper tissues.
- ▶ Two cups of water.
- ▶ Disposable latex gloves.
- ▶ Safety glasses for helper (from hardware store).
- ▶ Toothpaste, if used.
- ▶ Mouth prop, if used.
- ▶ Floss and floss holder, if used.
- ▶ Disclosing tablets, if used.
- ▶ Timer.

Hint: If you are using prescription fluoride or mouth rinses that are kept in a cabinet, get them out before starting the oral hygiene session.

Step 2: Direct the individual you are assisting to wash his or her hands with soap and water. Also, wash your hands with soap and water.

Step 3: Put on protective eyeglasses if you are not wearing your own glasses. Put on a pair of latex gloves. They should fit well so you can handle the toothbrush or other supplies. Gloves must be worn whenever you may come into contact with another individual's saliva during the oral hygiene session.

Step 4: Before you touch the individual you are assisting, be sure you can reach all the supplies.

Steps to Prevent Infection During Oral Hygiene (continued)

Step 5: Start the session. Encourage the individual you are assisting to brush to the best of his or her ability. Then finish the job, if necessary, by doing what he or she is unable to do. If you or the individual is flossing (or using a floss holder), then do not use that floss in other individuals' mouths.

Once the gloves have been on the toothbrush or in the mouth, there is invisible blood or saliva on them. From then on, there are only two places where the gloves can be:

- ▶ In the mouth of the individual who is being helped.
- ▶ In a trashcan.

If you need more supplies or are interrupted, remove the gloves so you do not pass blood, saliva, or germs to the clean supplies or to other objects. Throw the gloves in the trashcan. Put on a new pair when you return.

When the oral hygiene session is finished, do the following:

Step 6: If the individual you are working with is able to, have him or her rinse the mouth with water from one cup. Swish the toothbrush in the other cup to remove toothpaste and bacteria. Throw the cups in the trash. If the individual is unable to rinse, consider not using toothpaste.

Step 7: Without touching any other objects, return the toothbrush and other supplies to the container. Have the individual you are assisting wipe his or her mouth. Throw the tissue in the trash.

Step 8: Remove your dirty gloves.

Step 9: Put the dental supplies container away.

Step 10: Have the individual you are helping wash his or her hands with soap. Wash your hands. Thank them for a positive session.



Other Ways to Prevent Tooth Decay

We now know that several factors can cause cavities. Knowing this gives us a number of ways we can protect our teeth from cavities. There are practices that protect the teeth and conditions that cause teeth to dissolve and form cavities. Your job is to have an environment in your mouth (and in those for whom you are responsible) where the positive protective factors are in place *as many hours a day and night as possible*. Your goal is to have the cavity-causing or negative factors in place for as little time, or as few hours a day, as possible.

Some of the protective factors that keep teeth and gums healthy are:

- ▶ Having fluoride on the teeth daily.
- ▶ Using fluoride varnish, Xylitol, as needed.
- ▶ Reducing bacterial plaque on the teeth.
- ▶ Adopting a healthy diet low in sugar.

- ▶ Good saliva flow.
- ▶ Professional cleanings and examinations.
- ▶ Minimizing the amount of time sugar foods, candy, or drinks are in the mouth.
- ▶ Having a neutral (not acidic) mouth condition.

Some of the factors that contribute to the cause of cavities are:

- ▶ Frequent exposure to sugar.
- ▶ Feeding sugar to your bacteria to produce acid (especially between meals).
- ▶ Dry mouth or very little saliva.
- ▶ Passing cavity causing germs from caregivers to children (tasting food, sucking on pacifier, and kissing, for example).
- ▶ Unhealthy diet.
- ▶ Lack of fluoridated water.
- ▶ Lack of professional oral health care.

See Appendix 7-A for a list of products that can help prevent tooth decay.

Overcoming Physical Obstacles

Encouraging Participation



It is important for each individual to participate as much as possible in his or her own care. Sometimes, to get rid of plaque it may be necessary for the caregiver to finish brushing someone's teeth, *but the individual should first do what he or she can.*

Some individuals can gradually learn to perform oral hygiene. Others will learn some skills, but will participate only partially in their care. Others will be unable to participate. *It is the DSP's role to help each individual be as independent as possible while at the same time being sure that he or she has good oral hygiene.*

Adaptations of Oral Hygiene Aids

Adaptations of oral hygiene aids can make it possible for some individuals to be more independent in self-care. Individuals with hand, arm, or shoulder limitations may be helped by these changes. Consult with the individual's dentist for suggestions and before making any changes. See Figure 7-4 for some

examples of oral hygiene instruments that have been adapted to increase individual participation.

To adapt a toothbrush or floss holder to make it easier to grip:

- ▶ Enlarge the brush handle with a sponge, rubber ball, or bicycle handle grip.
- ▶ Lengthen the handle with a piece of wood or plastic, such as a ruler or wooden tongue blade.
- ▶ Bend the toothbrush handle. To bend it, run very hot water over the handle, not the head, of the brush.

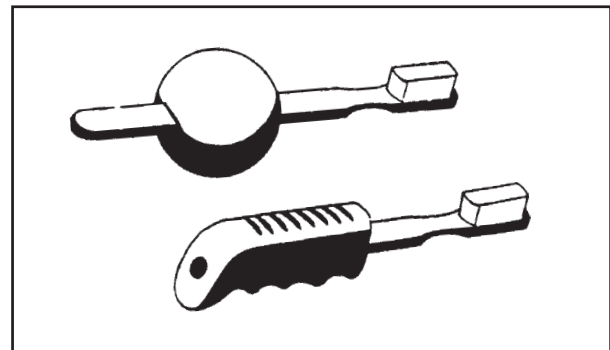


Figure 7-4 Examples of adapted toothbrushes.



Restraint vs. Help

Individuals with severe physical or other disabilities may require that the DSP do what they cannot. Sometimes this means that the DSP must move the individual, position them, and then perform dental hygiene procedures for them. It is important that the individual view the process as helpful. You must follow local, state, and federal laws and guidelines to be sure the individual is not restrained against his or her will. The remainder of this session will assume that an individual who is partially able to perform oral hygiene procedures desires assistance to completely remove plaque from the teeth.

Location



If the individual you are assisting needs only a little help, then use the bathroom. The bathroom, however, is not a good place if more than a little help is required. In the bathroom, it is often hard to see, keep the mouth open, and get to all areas in the mouth. If someone needs a lot of help, it can be easier to do so somewhere else. Other places where tooth brushing or flossing can be done include a wheelchair, a bed, or a living room couch.

Restraint vs. Help (continued)

If toothpaste is not used, there is no need for rinsing and spitting. Actually, all that is needed is a toothbrush that has been moistened slightly with water to soften the bristles. To get the benefit of fluoride in toothpaste, it can be applied in the bathroom later, after the plaque has been removed. Toothpaste is not necessary to remove plaque.

Mouth Props

Sometimes, dental professionals will recommend that a mouth prop be used for an individual who has trouble keeping his or her mouth open. A **mouth prop** is an object used to keep the mouth open while oral hygiene is performed. **Do not use a mouth prop without a written order and without training in its use from a dental professional.**

Positioning

Depending on the positioning needs of the individual you are working with, one of the following ideas may help:

Wheelchair or Chair

The caregiver stands behind the individual in the wheelchair or chair. The caregiver leans over, supports the individual's head from behind, and cleans the teeth (Figure 7-5). The head can be



Figure 7-5
Using a chair to assist with tooth brushing and flossing.

held steady. This position works well for some individuals, but not for everyone. You may have to experiment to find a comfortable position for you and for the individual you are assisting.

Couch, Bean-Bag Chair, Recliner, or Bed

This position works well for individuals who need maximum assistance. The individual needing assistance is on his or her back. The DSP sits at the person's head, or better, the head is on a pillow in the DSP's lap. The DSP's left hand can be used to steady the head while cleaning with the right hand (Figure 7-6). This position can be more comfortable for the DSP's back than other positions.



Figure 7-6
Using a couch to obtain proper positioning for dental hygiene.

Experiment with Other Positions

Try for positions that allow you to see into the mouth, control the head, and protect your back.

Remember: Toothpaste is not necessary, but it does provide topical fluoride. Rinsing and spitting are not needed when only a moist toothbrush is used. The better you can see, the better the job you can do.



ACTIVITY

Positioning

Directions: Pair up with another person in the class. Use a chair and the floor to practice positioning your partner to perform oral hygiene procedures. What is the best position to see into the mouth?

Overcoming Behavioral Obstacles



Create an Environment that Works

Some individuals have had a negative history with tooth brushing or are sensitive to being touched. This can result in behavior that makes it particularly difficult to do oral hygiene procedures. Some environmental factor or factors may be causing the resistive behavior. DSPs should use their observation tool to determine which environmental factors cause resistance and try to remove or minimize them.

Some common environmental factors that can increase resistance to oral hygiene are listed below:

Frequent or Unexpected Changes in Routine

- ▶ If someone doesn't know what to expect, or if change is upsetting, resistance can be a response. Having a set routine, or explaining the changes that are coming, may reduce resistance.

Wrong Time of Day

- ▶ Some individuals don't function well until they have had the first cup of coffee. For them, morning may be the wrong time of day to learn a new skill.
- ▶ Reduce the risk of a problem by scheduling tooth brushing when the individual is most alert or not hurried.

Boredom

- ▶ The individual is tired of doing the same thing each day.
- ▶ Novelty helps maintain interest and attention. A change in the color or flavor of the mouthwash, a new cup, some background music, or a change in routine may increase cooperation.

Unpleasant Associations

- ▶ Sometimes an individual has associated a DSP with the tooth brushing activity. The sight of the person triggers resistance. A change in caregiver for tooth brushing may prevent resistance. Other things can have unpleasant associations for the person, such as a particular mouthwash or another individual who is present and distracting.
- ▶ Watch for situations (large and small) that may upset the individual you are assisting and make appropriate changes.

Distractions

- ▶ Some objects in the tooth brushing area may attract the individual you are working with more than the toothbrush. If distracted, he or she may not want to use the toothbrush.
- ▶ Interruptions by other persons can be serious distractions.
- ▶ During a lesson, keep all distractions, including other people, out of the area.

Overcoming Behavioral Obstacles

Nagging

- ▶ Everyone tends to become resistive when told too many times to do something. Repeated reminders can also increase anxiety.
- ▶ Talking less and praising more can reduce resistance.

Ignoring an Individual's Needs or Interests

- ▶ If an individual is in the middle of a pleasant activity, it is risky to demand that he or she leave it to brush his or her teeth.
- ▶ Try to schedule tooth brushing at a time when it will not interrupt other activities.

Interrupted Instruction

- ▶ A tooth brushing session may last five to ten minutes. Don't leave to answer the phone or to check on dinner.
- ▶ Instead, set a time that allows for completion of the activity and remind

the individual you are assisting, at intervals, that the time is almost up. Suggest that he or she can return to the activity after the oral hygiene session. One good brushing per day is better than several incomplete brushings.

Carefully watch the individuals you are assisting for a few days to see at what point they become resistive. By noting what happens just before the resistance, you may uncover the environmental factor or factors. You can then plan ahead for a low-risk oral hygiene session. You will accomplish two things:

- ▶ Both you and the individual you are helping will have a successful tooth brushing session.
- ▶ The chance of challenging behaviors is reduced. The likelihood of success increases the longer someone goes without resistive behaviors.

Be prepared to prevent challenging behaviors rather than reacting to them.



ACTIVITY

Reducing Resistance to Oral Hygiene

Directions: Consider one of the individuals you assist who resists oral hygiene. Think about what happens just before they become resistive. Write down what environmental factors may trigger the behavior in the space provided below. Then write down what strategies could be tried to change the environment to promote success.

Environmental Factors

Strategies

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....



Involving the Individual

When you believe a job is worth while, feel responsible for doing it, and control how it is done, you tend to become actively involved with the job. Once involved, you work hard to do a good job. You feel you own the job.

Your challenge is to help individuals you are assisting with oral hygiene procedures to become actively involved in their own oral hygiene. Help them take ownership of the job.

Here are three ways to help individuals become active participants in oral hygiene:

1. Encourage them to make choices.

Making a choice and having it fulfilled is very satisfying. The satisfied person becomes involved with the activity. Having choices can reduce problem behaviors. Limit choices to those related to the activity at hand.

Ask the person you are assisting: “Do you want Crest or Colgate?” “Do you want to sit or stand?” “Do you want to start with your upper teeth or lower teeth?”

You are not asking if he or she wants to brush or not. You are offering choices that promote responsible participation. Other choices could be the time of day to brush teeth, a change of toothpaste, or a new toothbrush.

2. Allow the individual to set limits to participation.

When individuals can decide to stop the oral hygiene session, they develop a feeling of control and of ownership of the activity.

This is tricky. They may stop their participation before the brushing is really underway. Yet, if you don’t allow them to stop the activity when they have had enough, you may have to deal with resistance.

Teach limit-setting in a gradual manner. Notice how long it takes for the individual to become fussy or resistive; is it immediately, 30 seconds, 3 minutes? Then allow him or her to end the session a few seconds or minutes before resistance is to be expected.

Example: *If Jean always has tantrums after 60 seconds of tooth brushing, allow her to stop brushing after 30 seconds. Next time, allow her to stop brushing after 45 seconds. The next time, 60 seconds. You are teaching Jean she has some control and does not have to have a tantrum to stop the session.*

What if the individual you are helping becomes resistive before you start? Make the steps smaller. Allow him or her them to end the session after completing one tiny step.

Example: *Ben can stop the activity after he holds the brush for 3 seconds. The next time, he must hold it for 5 seconds. Eventually, he must put the brush in his mouth before he can stop the session.*

3. Make sure they achieve success.

Success is almost certain if the steps the individual is asked to learn are small, and the process is gradual.

End each session on a successful note.

Gradually, as the individual comes to feel oral hygiene is his or her job, he or she will become a willing and active participant.

Remember: *Involve the individuals you are working with by:*

- ▶ *Encouraging them to make choices.*
- ▶ *Allowing them to set limits. Teach limit setting in a gradual manner.*
- ▶ *Making sure they achieve success. End each session on a successful note.*



ACTIVITY

Choices

Think about the same individual that you described as resistive after reading the last chapter. Write your answers to the following questions.

.....
Are there any choices that individual could make during tooth brushing activity?

.....
What is an acceptable way he can tell you he would like to end the activity?

Behavioral Support Strategies

Several strategies can be used to help support an individual who seems resistant to completing his or her oral health care. It is always important to first determine if there are physical, medical, or informational barriers that prohibit the individual from communicating or completing oral hygiene procedures. Be sure to ask a lot of questions and to get a thorough history to find out if any of these barriers apply. Once you have ruled out these barriers, you may want to try one of the following behavioral support strategies or consult with a behavioral specialist to develop an appropriate plan for the individual:

- **Reinforcers:** Reinforcers are given after the successful performance of a desired behavior.

Example: *If Mary brushes her teeth for two minutes, she will receive a reward. Remember, you must have a clear idea of the behavior you are trying to reinforce, use the reward only when the behavior is*

performed, and be sure the reinforcement occurs directly following the desired behavior.

- **Shaping:** Shaping is the reinforcement of small parts of a task. This is followed by reinforcing for larger parts until the individual can perform all of the task or has reached the highest level possible.

Example: *You learned to brush your teeth step-by-step. First, you learned how to hold a toothbrush and put toothpaste on it. Your parents or caregiver's approval was the reward as well as your sense of accomplishment. Next you began to put the brush in your mouth and move it around. At each step you received praise and approval. These rewards encouraged you to learn to brush your teeth one step at a time and shaped your tooth brushing ability from holding the toothbrush to successfully brushing your teeth.*

- **Generalization:** Generalization is a way to help an individual overcome fears by offering objects or activities somewhat like those used in oral hygiene procedures.
***Example:** If an individual won't let anything touch his lips, then offer a desired drink through a straw or a sugarless lollipop. If he won't let anyone look in his mouth, he might be encouraged to look in his own mouth with a mirror.*

- **Desensitization:** Desensitization is a treatment technique where the individual is exposed to gradually increasing anxiety-provoking stimuli while relaxing, with the goal of eventually confronting the fear without the previously associated anxiety.
***Example:** If the individual is fearful of a dental visit, he or she can slowly be introduced and desensitized to each step of the visit, such as driving to the office, sitting*

in the waiting room, meeting the receptionist, sitting in the dental chair, meeting the dentist, touching the dental equipment, having the dentist look in his or her mouth, and counting teeth. The individual has control over this process and would indicate any sign of fear or discomfort. He or she would be instructed on ways to relax until he or she could move through the steps of the visit free of anxiety or fear.

Most of these strategies are easy to use; however, they do require creativity, patience, and time for implementation. The results, however, can be very rewarding to you and to the individual.

Not only will the individual feel good about his or her accomplishments, you will have helped that individual to take better care as independently as possible—something you can be very proud of.



ACTIVITY

Behavioral Support Strategies

Directions: Pair up with another student. Describe someone you have worked with that might benefit from one of the behavioral techniques listed and how you might implement that technique.



Putting It All Together

Making a Plan

Individuals have plans for medical, social, recreational, educational, and grooming activities. **Oral health care must be part of an individual's daily plan.** Improving oral health involves a step-by-step process that requires planning, carrying out the plan, and then re-planning. Every individual needs an updated oral health plan.

You now have the information you need to assist the planning team to develop oral health care plans for the individual you are assisting. Use the Oral Hygiene Skill Survey and Oral Health Care Plan, Appendices 7-B and 7-C, respectively, to help you.

Using the Plan

- ▶ It is important to include the Oral Health Care Plan with the Individual Program Plan and other plans for that individual's care. Keep the Oral Hygiene Skill Surveys and the Oral Health Care Plans in the folder you use to keep other care plans. That way, you can always look back to see where progress is being made and where an individual needs more work.
- ▶ Go over the plan with everyone on the individual's planning team. Demonstrate what to do. It is very important that everyone teach in the same way. Post the current plan where everyone can see it when working with that individual.
- ▶ Review the entire program with everyone involved once a month so the Oral Health Care Plan becomes a regular part of the care of that individual. Do this until the individual has become as independent as possible in self-care.

If you are successful with the training program, then the individual you are assisting may be able to use his or her new skills in other settings, including a dental office.

See Appendices 7-B and 7-C for detailed instructions on how to fill out the Oral Hygiene Skill Survey and the Oral Health Care Plan.

Making It All Work

The knowledge you have gained during this session will only be useful if you use it. This means you must do everything you can, based on the training, to improve the oral health of the individual you are assisting. Therefore, starting now, you should be doing at least the following:

- ▶ Determine what the barriers are to better oral health for each individual.
- ▶ Use the Oral Health Care Plan to help the planning team make oral health care plans for each individual you assist. This involves a cycle of planning, carrying out the plan, checking progress, and revising and communicating the plan as needed.
- ▶ Directly participate, in the bathroom or elsewhere, with the individual during oral hygiene sessions until you are sure he or she is as independent as possible in oral care. Some individuals will always need your help to have good dental health. Don't assume he or she is doing a good job without checking.
- ▶ Use standard precautions, including proper storage of tooth brushing supplies, wearing of disposable gloves, and protective glasses when flossing.
- ▶ Coach the individual using the positive behavior support skills that you learned in this session. These include structuring the environment to maximize the chance of success; involving the individual in the process; using reinforcers; using shaping techniques; generalization; and desensitization.
- ▶ Try to get individuals to brush all surfaces of their teeth (inside and outside of front and back and the chewing surfaces); use proper brushing techniques; and increase the time of tooth brushing until they are brushing for at least two minutes.
- ▶ Use the Oral Hygiene Skill Survey for each individual to record progress.
- ▶ Revise the individual's Oral Health Care Plan based on the individual's progress. Communicate the plan for improvement to others who work with that individual.

- ▶ If there are areas that individuals aren't brushing well, help them brush those areas by using physical adaptations, different positions, or partial participation if necessary.
- ▶ If an individual just cannot clean certain areas in his or her mouth, even with your help, consider using products with Xylitol or getting a prescription for a chlorhexidine or fluoride mouth rinse to help decrease plaque.

This session has given you the knowledge and techniques to help individuals you are assisting develop good oral health and enhance their independence. Good oral health will improve the quality of both of your lives.



ACTIVITY

Using What You Have Learned to Overcome Obstacles

Directions: Review the following scenario. Each group will be given a piece of flipchart paper and a marker. Brainstorm and write down all of the things that Mary can do to assist Andrew.

Andrew does not like to brush his teeth. Every time Mary tries to get him to do it, Andrew throws the toothpaste and toothbrush in the garbage, runs to his bedroom and slams the door. Mary is concerned about his dental health. Some of Andrew's teeth are discolored and his gums are swollen and red. Mary has told him that his teeth will fall out if he doesn't brush them every day. However, that fact doesn't seem to influence Andrew enough to make him do it. Mary wonders if she should force Andrew to brush his teeth even if he throws a tantrum. How can she help Andrew to see how important it is to take care of his teeth?

PRACTICE AND SHARE

In this session, you learned strategies for overcoming different obstacles to individuals' dental health. Think of an individual in your home who is resistant to the oral hygiene session. Give the individual one or two choices during oral hygiene sessions. Pay attention to the result of giving them some choices. At the beginning of the next session, the class will discuss their experiences.

Dental Health

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

- Whenever someone you are assisting is told to brush her teeth, she refuses to open her mouth. This is an example of what kind of obstacle to tooth brushing?
 - Physical obstacle.
 - Behavioral obstacle.
 - An informational obstacle.
 - All of the above.
- You are assisting someone who is not physically able to brush her teeth, but she will accept your help. You should:
 - Use behavioral techniques to change her behavior.
 - Use partial participation where you do the parts she cannot do.
 - Show her the proper way to brush.
 - Offer her rewards for brushing.
- The physical form of the sugar can make a difference for the teeth. Which type of sugar is hardest on the teeth?
 - A cookie.
 - A chewy sticky candy like caramels.
 - A piece of angel food cake.
 - A glazed donut.
- When an individual's mouth shows swollen gums which bleed easily when brushed, the situation is most likely:
 - Caused by brushing too long with a soft brush.
 - A sign of healthy gums.
 - Caused by a lack of sugar-free sweets in the diet.
 - A sign of unhealthy gums.
- The following is a way to increase the protective factors in the mouth:
 - Keeping your mouth sugar free as many hours per day as possible.
 - Limiting the frequency of snacking between meals and sugar soft drinks.
 - Using toothpaste with fluoride.
 - Brushing your teeth for two minutes twice a day .
- A DSP may brush an individual's teeth for them, if:
 - This does not occur more than once a day with that individual.
 - The DSP is of the same gender as the individual whose teeth are being brushed, or a witness of the same gender as the individual is present.
 - The individual first did whatever part of the brushing they can do themselves.
 - The brush handle is enlarged with a rubber ball or bicycle handle grip.
- By watching to see at what point the individual you are assisting becomes resistive to oral hygiene:
 - You identify the informational obstacles.
 - You learn what the individual likes.
 - You may identify the environmental factor that triggers the individual's resistance.
 - You identify the physical obstacles.

8. **To prevent “escape” behavior during oral hygiene:**
 - A) Stop the activity immediately after the resistive behavior occurs.
 - B) Stop the activity 2 minutes after the resistive behavior occurs.
 - C) Stop the activity moments before the resistive behavior usually occurs.
 - D) Don’t stop the activity.
9. **The score given to the steps on the *Oral Hygiene Skill Survey* represents:**
 - A) The number of attempts to remove plaque in each area of the mouth.
 - B) The number of times that the caretaker needed to remind the individual to do each step.
 - C) The degree of independent performance or assistance, which is needed for each step.
 - D) How clean the teeth are after a tooth brushing session.
10. **The purpose of the *Oral Health Care Plan* is to:**
 - A) Record the oral care steps being taught.
 - B) List what reinforcers are now being used.
 - C) Record schedules for such activities such as flourine use or dental examinations.
 - D) All of the above.



Appendices



Appendix 7-A

Products That Can Help Prevent Tooth Decay

1. **Toothpaste:** Apply a fluoridated toothpaste accepted by the American Dental Association Council on Dental Therapeutics two times a day for two minutes. After the age of 12, or when a dental professional finds that gingivitis is present in an individual under 12 years of age, use a fluoridated toothpaste accepted by the American Dental Association Council on Dental Therapeutics that contains an approved effective anti-gingivitis agent. *Toothpastes are sold over-the-counter, and no diagnosis, prescription, or intervention is required from a dentist or other dental professional for their use.*
2. **Xylitol:** Use products containing xylitol three times per day and five minutes per exposure. If xylitol-containing chewing gum can be used, it should be chewed for five minutes, three times a day. Chewing may not need to be supervised to be sure the individual received the required exposure. For individuals who cannot chew gum, other xylitol products are available, such as mints and lollipops. For infants, the xylitol can be added to specially designed pacifiers or baby bottles with xylitol solutions. *Xylitol is a natural sugar added to many food products, and no diagnosis, prescription, or intervention is needed from a dentist or dental professional to use it.* Sample products include: Total®, Xylimax®, Advantage®, and XyliFresh®. For other products see the Oral Health Resource list at www.dental.uop.edu/resource.
3. **Fluoride Varnish:** Fluoride varnish can be applied in one of two ways:
 - Three times in one week (for example, Monday, Wednesday, and Friday), once per year.
 - One time every six months.

A temporary yellowish tint to the teeth may appear for a short time after application, which may be of concern to some individuals. *Fluoride varnish must be applied by a dental professional although this does not need to occur in a dental office. Check with your dentist or dental hygienist for specific regulations regarding the application of fluoride varnish.*
4. **Fluoride Rinses:** For individuals who are not able to use the recommendations listed above, fluoride rinses can be of benefit to prevent cavities. Fluoride mouth rinse is currently an option for all people over the age of 6 who can **safely** “rinse and spit.” If an individual cannot rinse and spit, the solution can be applied with a cotton swab twice a day. *Topical fluoride rinses (such as, Prevent® or Act®) are over the counter (otc) medications and require a prescription in licensed community care facilities.*
5. **High Concentration Fluoride Toothpaste or Gel:** When none of the above recommendations are working, consider daily or weekly use of high concentration fluoride toothpaste or gel. The decision to use these products should also consider the ability of the individual to spit, or of the caregiver to supervise and control the application. *These products contain toxic amounts of fluoride and can be harmful if they are not used and spit out properly. Consult with an oral health professional about use and the prescription required to obtain these products.*

6. Chlorhexidine: An antibacterial agent effective in reducing plaque formation and gum infection is chlorhexidine. It is sold under the name of Peridex® and Periogard®. *A prescription from a dentist or medical doctor is required.*

If you have a prescription for chlorhexidine (Peridex®) use it as follows:

- ▶ Set out the supplies you will need, including a timer.
- ▶ Clean the teeth.
- ▶ Swish chlorhexidine solution around the mouth for one minute then spit it out, or apply a small amount of the solution to the teeth with a cotton swab or toothbrush for one minute. Some dentists recommend using chlorhexidine in a spray bottle for some individuals who cannot rinse or spit.

Chlorhexidine can have the following side effects:

- ▶ Chlorhexidine can cause gray or brown staining of gums, teeth, fillings, or crowns. This stain can be removed by a dentist or dental hygienist.
- ▶ Some people have small changes in taste. The changes are temporary.

Ways to Prevent Tooth Decay Include:

- ▶ Use products like toothpaste that contain fluoride or other helpful agents.
- ▶ Eat nutritious meals and limit snacking on sugary foods and sugary soft drinks between meals.
- ▶ See your dentist or hygienist every six months or more frequently if indicated.
- ▶ Have baby's first oral exam **before** his or her first birthday.

If the individual has dry mouth from medications or for other medical reasons, try rinsing with water after eating or having sweets, mints, foods, or drinks during the day. Talk to a dental professional about the possible use of a saliva substitute like Biotene®.

Appendix 7-B

Instructions for the Oral Hygiene Skill Survey

The Oral Hygiene Skill Survey can be used to determine the oral hygiene skill level of the individuals you assist and to keep track of improvements in their level of skill. There is room to score seven different oral hygiene sessions. For some individuals who are learning new skills very quickly, you may need to score every day. For other individuals who are learning new skills very slowly, you may only need to score once a week.

There is a simple scoring system that is used with the Oral Hygiene Skill Survey. You score what the individual is unable to do, what he can do with your help, and what he can do by himself.

The Oral Hygiene Skill Survey uses a simple scoring system:

- 0 – Step is not done.
- 1 – DSP performs the step.
- 2 – Individual performs the step with prompts.
- 3 – Individual performs the step independently.

Fill out the Oral Hygiene Skill Survey as follows:

- ▶ A score of 0 is given if the individual is unable to do the step or is unable to complete the step.

One of the steps is “brush chewing surfaces of teeth.” If the individual brushes the outside of the teeth and the tongue side of the teeth but does not brush the chewing surfaces at all, the score for “brush chewing surfaces of teeth” is 0.

If the individual brushes the chewing surfaces on the bottom teeth but not the top teeth, then he does not complete the job. The score is still 0.

- ▶ A score of 1 is given if the caregiver must complete the step for the individual.

If the individual mentioned above could brush the bottom chewing surfaces but was physically unable to twist his wrist to brush the upper chewing surfaces, and the caretaker had to brush that part for him, then the score is 1 for “brush chewing surfaces of teeth.”

If an individual puts the toothbrush in his mouth and makes a few brushing motions, and the caregiver must finish, then the score for all the tooth brushing steps is 1.

- ▶ A score of 2 is given if the individual does the step after being prompted by the caregiver.

If the caregiver guides the individual’s wrist so that he twists it up to brush the upper chewing surfaces and he does so, then the score is 2. The caregiver has given him a verbal prompt to help him complete the step.

Hint: *If physical prompts are necessary, try to fade them to verbal prompts as the individual becomes more skillful.*

- ▶ A score of 3 is given when the individual can complete the step on his own.

Add up the scores and total them at the bottom of the sheet.

Look at each of the steps. Decide where you want to start or continue the training. Decide what the individual needs to learn next.

The goal is to coach the individual to become as independent as possible. After that, the DSP completes what the individual cannot do by him- or herself.

Oral Hygiene Skill Survery (sample)

Name John Caregiver Name Bill Start Date 10/29/03

Client Behavior	Dates			Comments and Behavior
STEPS	10/29	11/9	11/23	
Tooth brushing	3	3	3	
1. Identify own brush	3	3	3	
2. Approach sink	2	2	2	Need to point at brush and then sink to get him to wet it.
3. Pick up and wet brush	2	2	2	Have to tell him to put on toothpaste.
4. Put toothpaste on brush	2	2	2	Say "now put the toothbrush in your mouth."
5. Put toothbrush in mouth	1	2	2	Needs constant verbal praise.
6. Keep brush in mouth for 5 seconds	1	2	2	Needs constant gentle touch of hand or verbal praise.
7. Keep brush in mouth for 1 minute	1	1	2	Lie on couch for me to hold his mouth open.
8. Keep brush in mouth for 2 minutes	1	1	2	Lie on couch for me to hold his mouth open.
9. Brush inside/outside front teeth	1	1	1	Could not brush chewing surface on back side of right side.
10. Brush inside/outside back teeth	0	1	1	Will rinse if told to do so.
11. Brush chewing surfaces of teeth	1	2	2	Needed to point to brush holder at first.
12. Rinse and spit	2	3	3	
13. Put toothbrush/toothpaste away	3	3	3	

Oral Hygiene Skill Survey • page 2 (sample)

Name John Caregiver Name Bill Start Date 10/29/03

Client Behavior	Dates			Comments and Behavior
	10/29	11/9	11/23	
STEPS				
Flossing	0	0	0	Not ready to have flossing introduced.
1. Pull out 18 inches of floss	0	0	0	
2. Cut off floss	0	0	0	
3. Wrap floss around middle fingers of each hand	0	0	0	
4. Place both fingers on floss	0	0	0	
5. Hold inch section taut	0	0	0	
6. Slide floss in see-saw motion between teeth to gumline	0	0	0	
7. Wrap floss "C-shape" around tooth	0	0	0	
8. Move floss up and down	0	0	0	
9. Lift floss over gum, do other tooth end	0	0	0	
Total	23	28	30	

Scoring Key

0 = Step could not be completed

1 = Caretaker completes step for individual

2 = Need to prompt to complete step

3 = Can complete step independently

Comments:

We need to proceed slowly. We are making progress. The reward system is working well and so is the shaping, using small steps in allowing him to do more and more each time. We are working on letting him brush the insides of the lower teeth. We are also working on having him hold the brush in his mouth for a longer and longer time by himself or with a prompt.

Oral Hygiene Skill Survery

Name _____ Caregiver Name _____ Start Date _____

<i>Client Behavior</i>	<i>Dates</i>	<i>Comments and Behavior</i>
STEPS		
Tooth brushing		
1. Identify own brush		
2. Approach sink		
3. Pick up and wet brush		
4. Put toothpaste on brush		
5. Put toothbrush in mouth		
6. Keep brush in mouth for 5 seconds		
7. Keep brush in mouth for 1 minute		
8. Keep brush in mouth for 2 minutes		
9. Brush inside/outside front teeth		
10. Brush inside/outside back teeth		
11. Brush chewing surfaces of teeth		
12. Rinse and spit		
13. Put toothbrush/toothpaste away		

Oral Hygiene Skill Survery • page 2

Name _____ Caregiver Name _____ Start Date _____

<i>Client Behavior</i>	<i>Dates</i>	<i>Comments and Behavior</i>
STEPS		
Flossing		
1. Pull out 18 inches of floss		
2. Cut off floss		
3. Wrap floss around middle fingers of each hand		
4. Place both fingers on floss		
5. Hold inch section taut		
6. Slide floss in see-saw motion between teeth to gumline		
7. Wrap floss "C shape" around tooth		
8. Move floss up and down		
9. Lift floss over gum, do other tooth end		
Total		

Scoring Key

0 = Step could not be completed

1 = Caretaker completes step for individual

2 = Need to prompt to complete step

3 = Can complete step independently

Comments:

Appendix 7-C

Instructions for the Oral Health Care Plan

The Oral Health Care Plan can be used to record plans for the individual you are assisting. A new Oral Health Care Plan should be written whenever there is a change in what oral health support is needed by the individual. For some individuals who are learning new skills very quickly, a new Oral Health Care Plan would need to be written more often than for other individuals.

Remember: *The most important thing that you, the DSP, can do is to consistently participate in the oral hygiene sessions.*

Watch for changes in scores on the Oral Hygiene Skill Survey to help the planning team decide when a new Oral Health Care Plan is needed.

Fill out the Oral Health Care Plan as follows:

Fill out the name of the individual you are assisting and the date. Then make an entry in each section.

- ▶ **Assessment:** Summarize the individual's physical and behavioral problems with oral hygiene.
- ▶ **Physical Skills and Aids:** Summarize the skills the individual is currently learning. Indicate any special aids being used and the schedule for using

disclosing coloring tablets.

- ▶ **Partial Participation:** Indicate the best position for performing oral hygiene procedures and what techniques or special aids are being used. Describe the part of the procedures performed by the caregiver.
- ▶ **Structuring the Environment:** Put down the time of day for teaching. Note things needed to structure the environment for success. How will the oral hygiene session be organized physically, and who will do what?
- ▶ **Involving the Individual:** What choices can be offered? When can the individual stop the session?
- ▶ **Reinforcers:** List the first one to be used. Note additional reinforcers.
- ▶ **Steps to Be Reinforced:** When the first step is performed successfully for a few days, stop reinforcement for the first step, and offer it for good tries or success on the second step.
- ▶ **Other Prevention Actions:** It is very important to note needed disease prevention actions, use of fluoride, fluoride varnish, xylitol, and protective rinses, any dietary factors and the schedule for professional visits.

Remember: *Make the Oral Health Care Plan a part of the overall daily health plan for the individual you are assisting. Keep it updated and use it as a tool to communicate with the planning team and all caregivers.*

Oral Health Care Plan (sample)

Name: John Caregiver Name: Bill Start Date: 10-29-03

Assessments

- a. Physical problems with oral hygiene: Weak hand grip, difficulty holding mouth open
- b. Behavioral problems with oral hygiene: Just starting to like tooth brushing

Physical Skills and Aids

- a. Skills being learned: Use brush in mouth for two minutes
- b. Special aids: ☒ adapted toothbrush ☐ adapted floss holder ☐ electric toothbrush
- c. Schedule for using disclosing tablets: Every week

Plan for **Partial Participation** (☐ not needed – person is independent)

- a. Best position for assisting with oral hygiene: ☒ couch ☐ bean-bag chair ☐ other:
- b. Techniques and/or aids used by caregivers: ☒ mouth prop ☐ floss holder
- c. What part does caregiver perform: Brush tongue surface of back teeth

Plan for **Structuring the Environment**

- a. Oral hygiene time and place: 6:30 every night after dinner
- b. Are infection control procedures being used: Yes
- c. Who will work with the individual: A.M. Sam P.M. Bill

Plan for **Engaging the Client**

- a. Choices being offered: After dinner or before 8:30 p.m. TV show
- b. Limits the client can set: Can decide not to do oral hygiene one day per week

Plan for **Reinforcers**

- a. What reinforcers are being used currently (e.g. music, book, TV): Uninterrupted TV Thursday p.m., weekend trip to the park, verbal praise

Continued ►

Oral Health Care Plan • page 2 (sample)

Name: John Caregiver Name: Bill Start Date: 10-29-03

Plan for **Shaping**

- a. What steps are being taught: Brush for 2 more minutes, get inside of lower teeth
- b. What level of prompts is currently being used?
- ☐ Physical (hand-over-hand) ☐ Physical (touch) ☐ Pointing ☒ Verbal

Other Prevention Actions

- a. Xylitol: ☐ 5 minute exposure 3 x / day. Form being used: _____
- b. Fluoride varnish: ☐ Applied 2 x / year. Next time: _____ Applied 3 times in 1 week 1 x/ year.
Next time: _____
- c. Fluoride rinses: ☐ Person rinses and empties mouth ☐ Caregiver uses swab technique
- d. High concentration fluoride toothpaste or gel: ☐ How and when to apply _____
- e. Chlorhexidine: ☐ Person rinses and empties mouth ☐ Caregiver uses swab technique
- f. Diet: ☒ Decrease exposure to sugar and starches: ☐ How: Reduce drinking sodas at
night

Professional visits and recommendations

- a. Last dental cleaning appointment: Date: 8-14-03 Next appointment date: 2-1-04
- b. Next dental check-up or treatment appointment: 2-1-04

Oral Health Care Plan

Name: _____ Caregiver Name: _____ Start Date: _____

Assessments

- a. Physical problems with oral hygiene: _____
- b. Behavioral problems with oral hygiene: _____

Physical Skills and Aids

- a. Skills being learned: _____
- b. Special aids: ☐ adapted toothbrush ☐ adapted floss holder ☐ electric toothbrush
- c. Schedule for using disclosing tablets: _____

Plan for **Partial Participation** (☐ not needed – person is independent)

- a. Best position for assisting with oral hygiene: ☐ couch ☐ bean-bag chair ☐ other:
- b. Techniques and/or aids used by caregivers: ☐ mouth prop ☐ floss holder
- c. What part does caregiver perform: _____

Plan for Structuring the Environment

- a. Oral hygiene time and place: _____
- b. Are infection control procedures being used: _____
- c. Who will work with the individual: A.M. _____ P.M. _____

Plan for Engaging the Client

- a. Choices being offered: _____
- b. Limits the client can set: _____

Plan for Reinforcers

- a. What reinforcers are being used currently (e.g. music, book, TV): _____

Continued ►

Oral Health Care Plan • page 2

Name: _____ Caregiver Name: _____ Start Date: _____

Plan for Shaping

- a. What steps are being taught: _____
- b. What level of prompts is currently being used?
- ☐ Physical (hand-over-hand) ☐ Physical (touch) ☐ Pointing ☐ Verbal

Other Prevention Actions

- a. Xylitol: ☐ 5 minute exposure 3 x / day. Form being used: _____
- b. Fluoride varnish: ☐ Applied 2 x / year. Next time: _____ Applied 3 times in 1 week 1 x / year.
Next time: _____
- c. Fluoride rinses: ☐ Person rinses and empties mouth ☐ Caregiver uses swab technique
- d. High concentration fluoride toothpaste or gel: ☐ How and when to apply _____
- e. Chlorhexidine: ☐ Person rinses and empties mouth ☐ Caregiver uses swab technique
- f. Diet: ☐ Decrease exposure to sugar and starches: ☐ How: _____
- _____

Professional visits and recommendations

- a. Last dental cleaning appointment: Date: _____ Next appointment date: _____
- b. Next dental check-up or treatment appointment: _____

Steps to Prevent Infection During Oral Hygiene Procedures

1. Set out dental supplies:
 - ▶ Toothbrush.
 - ▶ Paper tissues.
 - ▶ Two cups of water.
 - ▶ Disposable latex gloves.
 - ▶ Safety glasses for helper (from hardware store).
 - ▶ Toothpaste, if used.
 - ▶ Mouth prop, if used.
 - ▶ Floss and floss holder.
 - ▶ Disclosing tablets, if used.
 - ▶ Any prescription medication or mouth rinses.
 - ▶ Timer.
 - ▶ Oral Hygiene Skill Survey.
 - ▶ Oral Health Care Plan.
2. Review the last level of skill and the current plan for the individual.
3. Everyone (the individual and the DSP) should wash his or her hands with soap and water.
4. The helper should put on the protective glasses and a pair of latex gloves.
5. Begin tooth brushing and flossing. The helper should use the steps listed in the Oral Health Care Plan to assist the individual to have clean teeth, healthy gums, and maximum independence.
6. Once the gloves have touched a toothbrush, toothpaste, floss, floss holder, or individual's mouth, the gloves can go in only two places:
 - ▶ In that individual's mouth.
 - ▶ In the trashcan.
7. Offer one cup to the individual to rinse. Then wipe the mouth. Throw the tissue and cup in the trashcan. Swish the toothbrush in the other cup of water and discard the cup in the trashcan.
8. Return the supplies to the container.
9. The helper then removes the gloves by the pinching method and throws them in the trashcan.
10. Put the container and other supplies away.
11. Everyone (the individual and the DSP) should then wash his or her hands with soap and water.

